s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000794923</u>			
2. Exact Name of the Limited Liability Company Neuberger Berman BD LLC			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>523120</u>			
4. Brief Description of th	e Character of the Business Whicl	n is Actually Conducted in R	hode Island
BROKER DEALER			
5. Principal Office Addre	SS		
No. and Street: <u>1290 A</u> City or Town: <u>NEW Y</u>	<u>VENUE OF THE AMERICAS</u> <u>'ORK</u>	State: <u>NY</u> Zip: <u>10104</u> (	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	e or Title of Contact Person	:
Contact Name: Contact No. and Street: <u>1290 A</u> City or Town: NEW Y0	<u>/ENUE OF THE AMERICAS</u>	State: <u>NY</u> Zip: <u>10104</u> 0	Country: LISA
<ul> <li>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.</li> <li>DO NOT LIST MEMBERS</li> </ul>			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	o Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of October, 2019 at 10:39:10 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>ELVIRA DECARO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved